

COLORADO PROGRESSIVE
ACTION



To: Federal Election Commission
From: Colorado Progressive Action
Pages, Including Cover Page: 5

In this message is an amended F9. It was originally filed electronically. After numerous attempts to log into the website over several days, I was advised by your staff that you are experiencing difficulty with your password software and should amend by paper. Thank you for your understanding.

STATE OFFICE
1029 SANTA FE DRIVE
DENVER, CO 80204

P: 303 863 8390
F: 303 832 6416

NORTHERN COLORADO
1403 2ND STREET
GREELEY, CO 80631

P: 970 378 6560

SOUTHERN COLORADO
PO BOX 133
PUEBLO, CO 81002

P: 719 544 0866

www.coprogressiveaction.org
info@coprogressiveaction.org



11030580146

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making The Disbursements/Obligations**(a) Name Colorado Progressive Action1029 Santa Fe Drive(b) Address (number and street) ☐ check if different than previously reportedDenver CO 80204

(c) City, State and ZIP Code

2. FEC Identification NumberC30001812

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement☐ New

or

☒ Amended**4. Covering Period**10 / 01 / 2010

through

11 / 11 / 2010**5. (a) Date of Public Distribution(s)**10 / 23 / 2010**(b) Communication Title****6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Carlos Valverde

(b) Address (number and street)

1029 Santa Fe Drive, Denver, CO 80204

(c) City, State and ZIP Code

Colorado Progressive ActionExecutive Director

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement60,000.00**10. Total Disbursements/Obligations This Statement**15,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Carlos Valverde

SIGNATURE

Carlos Valverde

DATE

2/22/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
B.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
C.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor Campaign for Community Change1536 U Street NW
Mailing Address of DonorWashington, D.C. 20009
City State Zip

Date of Receipt

10 / 01 / 2010

Amount

60,000.00

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) ▶

60,000.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

60,000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligation(s)**

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <u>Entravision Communications Corp</u>		Date of Disbursement or Obligation <u>10/23/2010</u>
Mailing Address of Payee <u>777 Grant Street</u>		Amount <u>15,000.00</u>
City <u>Denver</u>	State <u>CO</u>	Communication Date <u>10/23/2010</u>
Zip Code <u>80203</u>		
Name of Employer <u>Television and Radio - "Immigrants Senate"</u>		
Occupation <u>Michael Bennet - United States Senate</u>		
Purpose of Disbursement (Including title(s) of communication(s)) <u>Michael Bennet - United States Senate</u>		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u> District: <u>1</u>
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee		
Mailing Address of Payee		
City State Zip Code		
Name of Employer Occupation		
Purpose of Disbursement (Including title(s) of communication(s))		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		<u>15,000.00</u>
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		<u>15,000.00</u>

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
PREPARER

N/A
DATE PREPARED

(5/2004)

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